

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Before the Board of Patent Appeals and Interferences

In re Patent Application of

Atty Dkt. DMB-2590-167

THOMASSET

Serial No. 10/591,127

Filed: August 30, 2006

Title: MULTILAYER DOSE



Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

C# M#

Confirmation No. 7341
TC/A.U.: 1794

Examiner: Ellen S. Wood

Date: June 17, 2009

Sir:

☐ Correspondence Address Indication Form Attached.

☒ **NOTICE OF APPEAL**

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences
from the last decision of the Examiner twice/finally rejecting
applicant's claim(s).

\$540.00 (1401)/\$270.00 (2401) \$ 270.00

☐ An appeal **BRIEF** is attached in the pending appeal of the
above-identified application

\$540.00 (1402)/\$270.00 (2402) \$

☐ Credit for fees paid in prior appeal without decision on merits

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☐ A reply brief is attached.

(no fee)

☐ Pre-Appeal Brief Request for Review form attached.

☒ Petition is hereby made to extend the current due date so as to cover the filing date of this
paper and attachment(s)

One Month Extension \$130.00 (1251)/\$65.00 (2251)
Two Month Extensions \$490.00 (1252)/\$245.00 (2252)
Three Month Extensions \$1110.00 (1253)/\$555.00 (2253)
Four Month Extensions \$1730.00 (1254)/\$865.00 (2254) \$ 555.00

☒ "Small entity" statement attached.

Less 3 month extension previously paid on June 17, 2009 With After Final Amendment And
Interview Summary Statement

-\$ (555.00)

TOTAL FEE ENCLOSED \$ 270.00

☒ **CREDIT CARD PAYMENT FORM ATTACHED.**

Any future submission requiring an extension of time is hereby stated to include a petition for such time extension.
The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or
asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this
firm) to our **Account No. 14-1140**.

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DMB:lfo

NIXON & VANDERHYE P.C.

By Atty: Duane M. Byers, Reg. No. 33,363

Signature: _____

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